

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>27042</u>	2. Fiscal Year Covered From: <u>7/7/04</u> Through: <u>6/30/05</u>
3. Name and address of person filing. Name <u>NICHOLAS J. FORDE</u> P.O. Box, Bldg., Room No., if any <u>9 Floor</u> Street <u>395 HUDSON ST.</u> City <u>NY</u> State <u>NY</u> ZIP Code + 4 <u>10014</u>	4. Name, file number, and address of labor organization. Name <u>NYC DISTRICT Council of Carpenters</u> Labor Organization File Number <u>83282</u> P.O. Box, Building and Room Number, if any <u>9 Floor</u> Street <u>395 HUDSON STREET</u> City <u>NY</u> State <u>NY</u> ZIP Code + 4 <u>10014</u>
5. Position in labor organization. <u>EXECUTIVE SECRETARY TREASURER - B.O.S. MGR.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

*Nicholas J. Forde*

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Nicholas J. Forde*

On

8/15/05  
Date

212-366-7400  
Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LAZARD FRERES ASSET  
MANAGEMENTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 ROCKEFELLER PLAZACity NYState NY ZIP Code + 4 10014  
3695

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

MONEY MANAGER11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

GOLF - lunch -  
DRINKS12.b. Amount \$ 274.40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment

Name of Person Filing

MICHAEL J. FORDE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11-15 UNION SQUARE

City NY

State NY ZIP Code + 4 10014-3695

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

BANK ACCOUNTS  
WITH UNION

11.b. Approximate dollar value of such dealing.

1 Million +

12.a. Nature of interest held or income received.

STADIUM BLANKET

12.b. Amount \$36.22

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NY STATE LABOR MANAGEMENTCO-OP. C.Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 153Street OSWEGO NYCity NYState NY ZIP Code + 4 13126

14.a. Nature of payment.

FEES FOR  
BUSINESS MEETINGS

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$1500.00

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NYC CARPENTER BENEFIT FUNDSTrade Name, if any: ☒P.O. Box, Bldg., Room No., if any 9 FloorStreet 395 HUDSON ST.City NYState NY ZIP Code + 4 10014  
3695

14.a. Nature of payment.

HOTELS - MEALS +  
REGISTRATION FEES  
AT MEETINGS.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$ 1819.45

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NYC CAREERS LABOUR MANAGEMENTTrade Name, if any: P.O. Box, Bldg., Room No., if any 9 F2Street 395 HUDSON STCity NYState NY ZIP Code + 4 10014  
3685

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

NATIONAL L/M  
CONFERENCE  
2/11/04 - 2/17/04

11.b. Approximate dollar value of such dealing.

\$4,000,000

12.a. Nature of interest held or income received.

~~Wages, Salary, etc.~~\$4,963.1412.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WALL, CEILING & PARBENTAY  
O F LONG ISLAND & NYTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 JERICHO TURNPIKECity SCITE 301State JERICHO, NY ZIP Code + 4 11753

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

Lunch + Dinner

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

\$ 914.4912.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

14.b. Amount of payment. 13.b. Is the Business an Employer ☐ or Consultant ☐ ?